

KaufmanHall

State of Consumerism in Healthcare 2021: Regaining Momentum



Introduction

At the outset of the COVID-19 pandemic in 2020, hospitals and health systems rapidly launched or dramatically accelerated their digital health capabilities as demand for virtual visits skyrocketed. Even as temporary halts on in-person care eased, and demand for virtual care waned from initial peaks, volumes for non-COVID-related care remained well below pre-pandemic levels.

But after surviving the early 2021 peak of the COVID-19 pandemic, momentum has stalled on the widespread adoption of more clinically integrated digital strategies and other consumer-friendly offerings, according to the Kaufman Hall 2021 Healthcare Consumerism Survey. Respondents to this year's survey indicated that their organizations are taking more moderate steps for overhauling other aspects of care delivery and pricing strategy for consumers.

The trends are underscored by the 2021 Kaufman Hall Healthcare Consumerism Index, which tiers organizations across criteria pertaining to delivery system redesign, pricing, and digital infrastructure. While respondents' organizations progressed swiftly out of the fourth and lowest tier of the index in 2021, the top three tiers were relatively stable, suggesting that momentum for change slowed after providers adapted to the initial disruption of the pandemic—and that few organizations took steps to significantly outpace the market.

However, threats continue to mount from well-resourced, tech-savvy competitors, and the delivery of healthcare services is increasingly moving from acute care to community and home-based settings. This trend is particularly noticeable in primary care, given the accelerating expansion and segmentation of the market and increased activity from well-resourced retailers like CVS/Aetna and Walmart.

While the pace of change has accelerated, hospitals and health systems must focus on the goal of meeting the expectations of increasingly sophisticated healthcare consumers—which cannot be met through incremental thinking or small changes. In many instances, organizations are exploring both their own initiatives as well as partnerships with other providers, health plans, and new entrants to expand access to consumer-friendly care.

WHAT HEALTHCARE EXECUTIVES
ARE SAYING ABOUT:
COVID-19 IMPACT

“The pandemic really upended our plans, which is actually a good thing. We weren't bold enough in our thinking.”

Among other key trends from the 2021 Kaufman Hall Healthcare Consumerism Survey:

Providers have a mixed outlook on volumes: Two-thirds of respondents are somewhat or moderately concerned about a long-term volume impact from COVID-19; 12% of respondents are very or extremely concerned about volume recovery. Healthcare executives interviewed for this report anecdotally relayed a significant bounce-back in volumes—though not all the way back to pre-pandemic levels—in recent months. Total adjusted hospital discharges through the first seven months of 2021 were 4% below the same time period in 2019, while emergency department (ED) volumes were down 13% from 2019, according to the Kaufman Hall National Hospital Flash Report.

Disruptive competitive threats remain top-of-mind: Healthcare leaders continue to acknowledge the risk of tech giants, well-resourced healthcare companies including UnitedHealth Group/Optum and CVS/Aetna, and new, innovative providers seeking to disrupt traditional care delivery models. Seventy-six percent of respondents cited UnitedHealth Group/Optum as a strong or extreme threat, up from 67% in the 2019 Kaufman Hall State of Consumerism Survey (due to the COVID-19 pandemic, the survey was not published in 2020).

WHAT HEALTHCARE EXECUTIVES
ARE SAYING ABOUT:

ORGANIZATION CHALLENGES

“We need to move faster and be more consistent. Stop chasing the latest fad.”

A divide between strategic priorities and capabilities persists: There is a steep divide between organizations that already offer consumer-friendly capabilities and providers that intend to develop those capabilities. For instance, while 66% of respondents consider it a high priority to redesign and expand digital capabilities and physical facilities, only 11% of organizations are best-in-class in that arena.

The pace of delivery system transformation is slowing down: Many organizations are offering more incremental services to their care delivery system, such as walk-in clinics, ambulatory centers, and telehealth. Few have adopted more advanced methods, like subscription-based models, partnerships with third-parties, and artificial intelligence. For instance, while 90% of organizations are offering telehealth services and 73% provide walk-in-clinics, only 37% offer in-home monitoring, and only 22% offer home-based primary care. Many organizations still focus on developing a new building or site of care first—instead of first researching their consumers’ needs and then determining how to best provide related services.

A cautious, compliance-focused approach to pricing emerges: Organizations are taking only modest steps toward consumer-focused pricing. While organizations are complying with price transparency regulations from the Centers for Medicare & Medicaid Services (CMS), respondents indicate more needs to be done to meet consumer expectations for user-friendly information on estimated out-of-pocket costs. In short, few have seized the opportunity to redesign these services in order to drive growth and patient loyalty.

The 2021 Kaufman Hall Healthcare Consumerism Index

The Kaufman Hall Healthcare Consumerism Index provides a lens to industry performance related to consumerism, based on survey responses from hospitals and health systems nationwide.¹ Questions related to specific initiatives and offerings are weighted more heavily than questions regarding strategy and philosophy.

An organization in Tier 1 is defined as best-in-class across criteria pertaining to delivery system redesign, pricing, and digital infrastructure. Tier 4 organizations lack meaningful movement toward consumer-centric strategies across those areas of performance.

Since the last survey was published in 2019, organizations have advanced toward the top tiers of the Index—suggesting an uptick in basic consumer-focused capabilities. Seven percent of organizations were in Tier 1, down slightly from 8% in 2019; 46% of organizations were in Tier 2, up from 24% in 2019; 39% of organizations were in Tier 3, identical to 2019; while only 7% of organizations were in tier 4, down from 29% in 2019.

Figure 1. Overall Performance: Kaufman Hall’s Healthcare Consumerism Index

	PERCENT	DETAILED DESCRIPTION
Tier 1	7%	Have dedicated focus and resources to building a consumer-centric infrastructure, offering a variety of access points, strong consumer experience, strategic pricing, and price transparency
Tier 2	46%	Have a thoughtful approach to becoming more consumer-centric, investing in infrastructure and initiatives that are being expanded system-wide
Tier 3	39%	Have begun to target specific consumer-oriented strategies, but not yet building an infrastructure for broader, sustained consumer-centric focus and success
Tier 4	7%	Not working on consumer-oriented strategies needed to meet evolving consumer needs in a dynamic healthcare environment

Source: Kaufman Hall Healthcare Consumerism Index

1. More than 110 individuals from more than 100 organizations responded to the survey this year. See [page 20](#) for a full list of participating organizations.

An Uneven Outlook for Hospital Volumes

Hospital and health system volumes have increased since the depths of the pandemic, though they have not yet reached pre-pandemic levels—and emergency department volumes remain significantly down. Respondents to this year’s survey expressed a mixed outlook on the long-term volume impact of COVID-19 (Figure 2). Approximately two-thirds of respondents (68%) are somewhat or moderately concerned about a long-term volume impact from COVID-19, while 12% of respondents are very or extremely concerned about volume recovery, and 21% of respondents are not concerned at all.

Adjusted discharges in the first seven months of 2021 remain 4% below volumes for the same period in 2019. ED volumes remain 13% below 2019 levels through the first seven months of 2021.

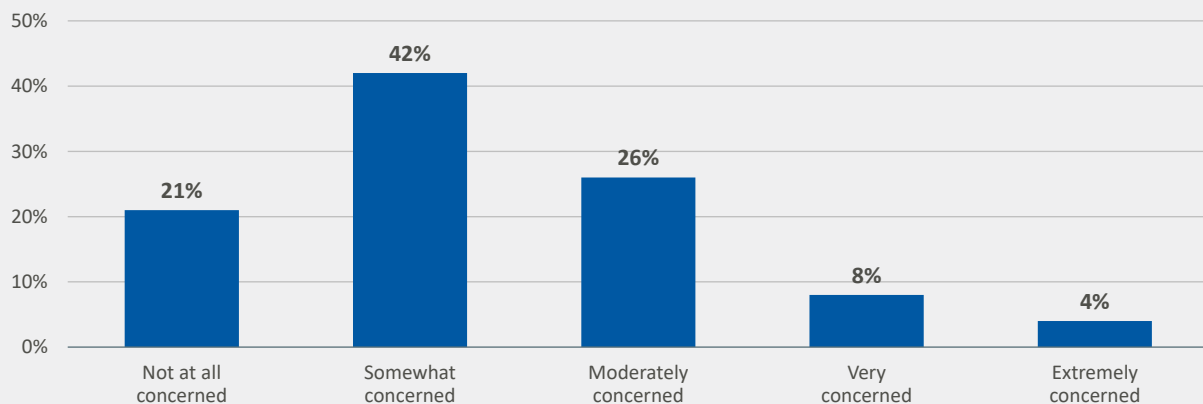
“We’ve seen a boomerang of in-person visits,” says Nancy Howell Agee, president and CEO of Carilion Clinic, based in Roanoke, Virginia. “It’s hard to tease out whether it’s pent-up demand, or people went back to what they were comfortable with.”

Many respondents interviewed for this article indicated they have seen further movement toward volumes approaching—though not yet reaching—pre-pandemic levels in recent months, as patients grow more comfortable with in-person care or seek treatment they delayed during the heights of the pandemic.

“We’re seeing volumes return,” says Tom Clark, chief strategy and growth officer for Avera Health, based in Sioux Falls, South Dakota. “Surgical volumes are strong, and we’re starting to see emergency department volumes return. Clinic visits aren’t back to where they were.”

Figure 2. An Uncertain Outlook on the Long-Term COVID-19 Volume Impact

Question: Although the trend has been improving, many healthcare organizations report that their volumes are still below pre-pandemic levels. To what degree are you concerned that there will be a long-term volume impact?



Disruptive Threats from Familiar and New Competitors

Over the last several years, a number of large organizations increased their healthcare delivery presence, from experienced industry players like UnitedHealth Group/Optum to retailers like Walmart Health to more nascent efforts by new, tech-savvy entrants including Amazon and Apple.

UnitedHealth Group/Optum and CVS/Aetna continue to be viewed as the largest competitive threats by respondents (Figure 3), suggesting that for the time being, organizations with experience in healthcare delivery are viewed as larger threats than newer entrants.

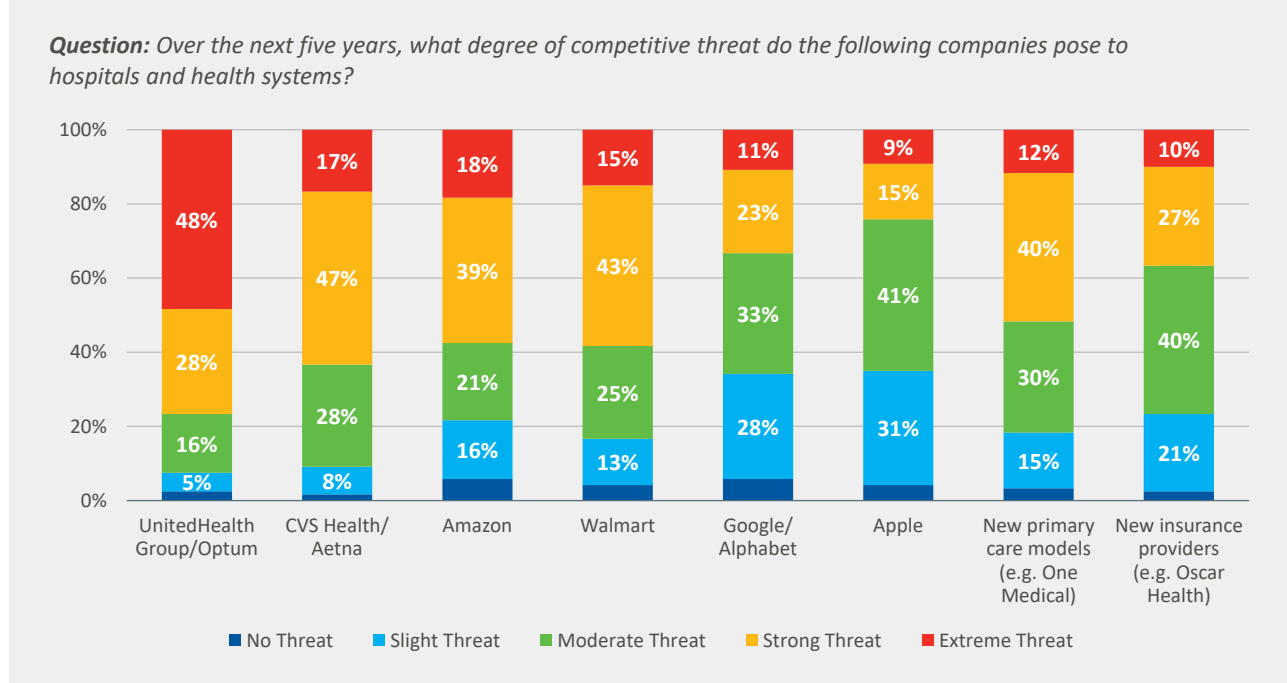
For the first time, the survey included new primary care models (e.g., One Medical) and new insurance providers (e.g., Oscar Health) on the list of potential threats, with 52% of respondents citing new primary care models and 37% citing new insurance providers as competitive threats.

“There is a plethora of potential partners and potential competitors, whether it’s bundled kidney care, virtual care, or concierge care,” says Peter D. Banko, president and CEO of Centura Health in Centennial, Colorado. “It’s hard to figure out who will be successful and who has money and is trying things out.”

“[Retailers like Walmart and CVS] know how to do direct-to-consumer and will be at scale in healthcare with highly transparent pricing.”

ANONYMOUS HEALTH SYSTEM EXECUTIVE

Figure 3. UnitedHealth/Optum, CVS/Aetna Top List of Competitive Threats



The chart below provides insight on new primary care entrants and their orientation (Figure 4).

Figure 4. Primary Care Disruptors Are Gaining Traction Nationally

	DESCRIPTION	OBSERVATIONS
Physician Group Management		
	<ul style="list-style-type: none"> • Focused on partnership with physician groups to transition to value-based care • Serves 410,000 members, 2,200 primary care physicians, and 15 health plan partners 	<ul style="list-style-type: none"> • Leverages scale across markets to enter into value-based agreement with payers • Seeking geographic growth through partnerships with physician groups
	<ul style="list-style-type: none"> • Physician practice management and population health technology solutions across seven markets and 2,500+ providers 	<ul style="list-style-type: none"> • Expansion through physician and health system partnerships (three new last year) • Arranging reimbursement programs with health plans and other national payers
	<ul style="list-style-type: none"> • Full scale physician practice management solutions heavily focused on Medicare Advantage • Currently in nine markets with five emerging new markets 	<ul style="list-style-type: none"> • Has utilized an acquisition model to enter Texas market and opened its first clinic in Phoenix • Recently partnered with Walgreens to expand presence
MEDICARE-FOCUSED PRIMARY CARE		
	<ul style="list-style-type: none"> • Contracts with 75 practices in 10 states and 20+ MA plans • Doctors serve ~400 patients each, compared to national average of 1,200-1,600, resulting in 50% fewer hospital admissions than a standard primary-care practice 	<ul style="list-style-type: none"> • Opened three new geriatric-based primary care practices in underserved neighborhoods near north Columbus, in collaboration with OhioHealth • Opened 15 new centers in summer 2020, three of which were in Memphis
	<ul style="list-style-type: none"> • Network of value-based primary care centers for adults on Medicare • Operates over 80 locations in 13 states throughout the South, Midwest, and East Coast 	<ul style="list-style-type: none"> • Rapidly expanding with plans to enter eight new states and open 38-42 new centers by the end of 2021
	<ul style="list-style-type: none"> • Medicare focused model based on managing outcomes through team-based care • Focused on expanding presence through partnership with payers 	<ul style="list-style-type: none"> • Expanded Humana network agreement to include all Iora facilities • Historically focused on de novo growth rather than acquisition • Acquired by OneMedical in June 2021
COMMERCIAL PRIMARY CARE		
	<ul style="list-style-type: none"> • Membership-based primary care practice that offers patients accessible, affordable, and high-quality care • Nearly 4,000 companies have added OneMedical to their health benefits 	<ul style="list-style-type: none"> • Growing membership through partnerships with several large health systems, such as Mount Sinai, Providence St. Joseph, and Advocate Aurora
VIRTUAL CARE		
	<ul style="list-style-type: none"> • Software development company that offers a membership-based model of text-based primary care in all 50 states from 50+ physicians • Partnered with employees (including Boeing) health plans, and health systems 	<ul style="list-style-type: none"> • Membership increased 274% (up to three million members) in 2020 as more patients turned to virtual care • Future expansion targeting research and development • Recently signed a deal with Sam's Club to promote its services to customers

Sources: Press releases; other publicly available information

Momentum Slows for New Digital Capabilities

KEY TAKEAWAY:

Developing Digital Capabilities

Today's consumers want their healthcare to be delivered with the same convenient, consumer-friendly digital capabilities they've become accustomed to in other aspects of their lives.

Throughout 2020, demand for telehealth services accelerated dramatically, as multiple waves of COVID-19 infections and mandated halts of in-person care sent many patients and providers seeking alternative options. According to Fair Health, [telehealth claims increased by 2980% nationally from Sept. 2019-2020](#), from 0.16% of medical claim lines in September 2019 to 5.07% in September 2020.

While healthcare executives interviewed for this year's report noted that telehealth use has dramatically leveled off since the height of the pandemic, they said their organizations significantly increased their capacity to provide virtual visits since March 2020. Respondents indicated their organizations generally want to be more proactive than reactive when it comes to improving digital capabilities. As a result, the majority of respondents report that their organizations have already shifted how and where they deliver services, or are planning to do so.

"We still have a lot of work to do to make [digital health] easy and seamless," says Jim Whitfill, MD, senior vice president and chief transformation officer for Scottsdale, Arizona-based Honor Health. "We have a lot of great pilots in our organization. The real challenge is bringing it to mass scale."

Overall, respondents indicated their organizations were moving forward with strategic initiatives to improve their digital capabilities, albeit at a relatively measured pace. Seventy-one percent of respondents indicated their organizations were willing to change to a moderate degree or were aiming to be slightly ahead of the market. Only 25% of respondents said their organizations were making significant investments with the intent of being well-ahead of their competitors (Figure 5).

All told, 88% of respondents indicated their organizations were either planning for incremental improvements or proactively shifting where they deliver care; only 7% indicated their organizations have already comprehensively shifted to more affordable, safe, and convenient care models.

WHAT HEALTHCARE EXECUTIVES
ARE SAYING ABOUT:
COVID-19 IMPACT

"Consumers post-COVID are clamoring for digital tools similar to what they experience in retail, banking, and travel."

The number of healthcare organizations whose digital capabilities are far behind non-healthcare companies declined significantly over the course of the pandemic, to 28% (Figure 6). The number of healthcare organizations whose digital capabilities are slightly behind or relatively in-line with non-healthcare companies increased throughout the pandemic. Respondents say demand for video visits remains above pre-pandemic levels, although significantly below the height of the pandemic.

Figure 5. Hospitals Embrace Improving Digital Capabilities

Question: Which best characterizes your organization’s **philosophy** on taking actions to improve digital capabilities?

Question: Which best describes your organization’s **strategy** as it relates to taking actions to improve digital capabilities?

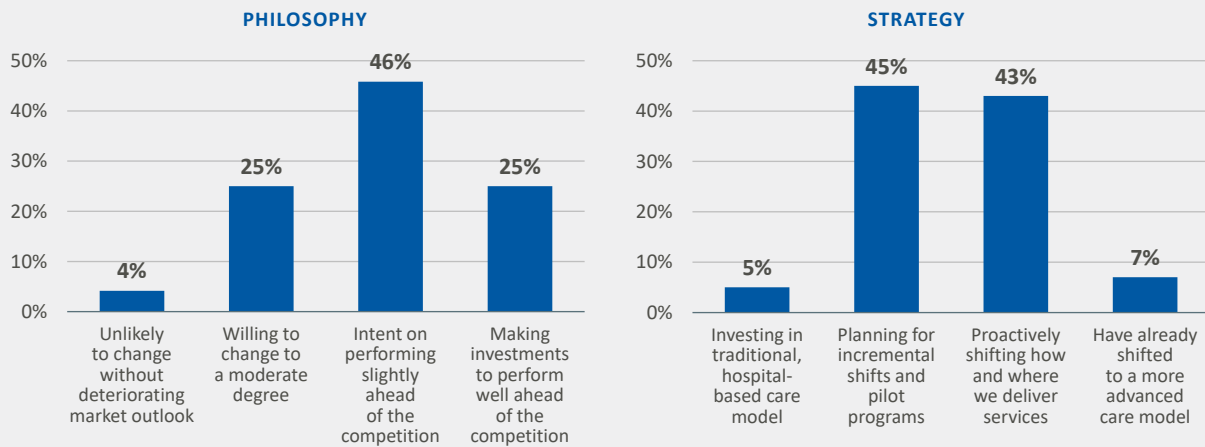
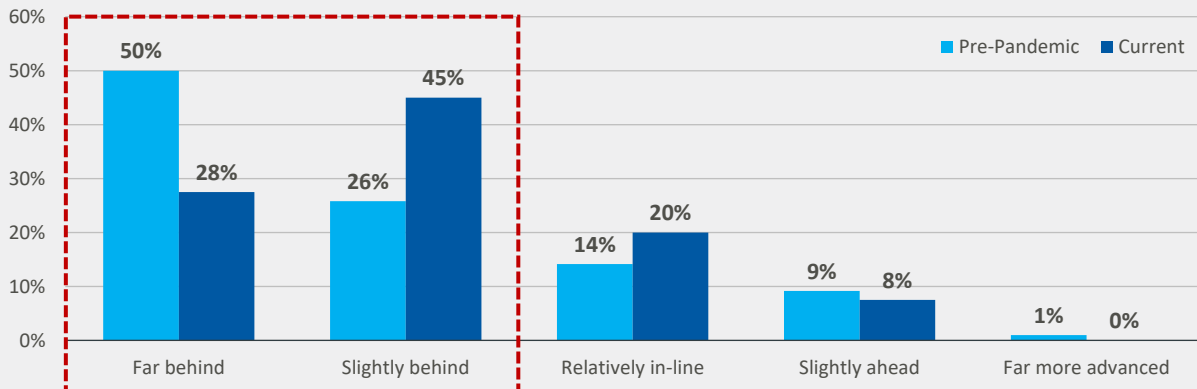


Figure 6. Health Systems Gain Ground on Other Industries on Digital Offerings

Question: How would you rank your organization’s pre-pandemic digital offerings when compared to non-healthcare companies?

Question: How would you rank your organization’s current digital offerings when compared to non-healthcare companies?



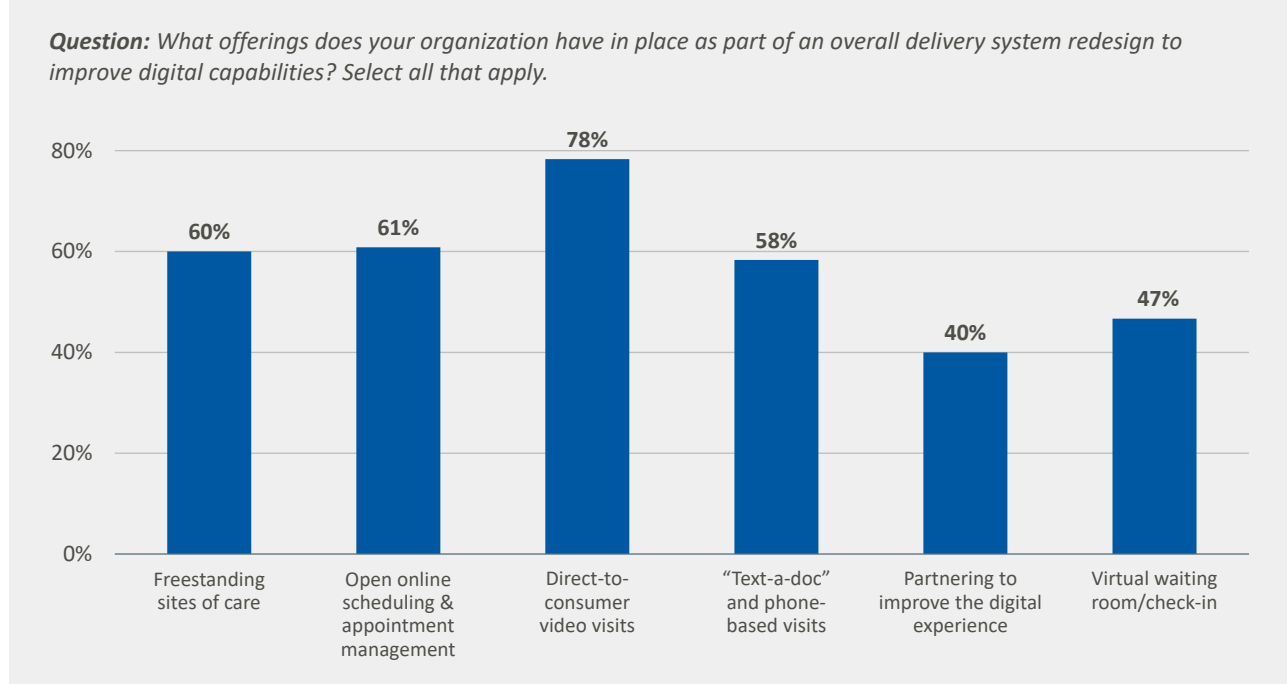
“We had a 1,600-fold increase in the use of virtual visits at the outset of the pandemic,” David Whitehead, executive vice president and chief strategy and transformation officer for Hartford HealthCare in Connecticut. “As it’s leveled out, we’re not back to pre-pandemic levels. It’s leveled out at 300-400 visits per week.”

WHAT HEALTHCARE EXECUTIVES ARE SAYING ABOUT:
ORGANIZATION CHALLENGES
 “Digital products and services that don’t address digital architecture will potentially be inefficient.”

During the pandemic, many providers realized that simply offering video visits was insufficient for replicating the in-person experience or providing adequate clinical care for many conditions. All told, 78% of respondents said they offer direct-to-consumer video visits (Figure 7), followed by online scheduling and appointment management (61%), freestanding sites of care (60%), text-a-doc or phone-based visits (58%), virtual waiting room/check-in (47%), or partnering to improve the digital experience (40%).

Beyond digital capabilities, organizations have made less progress on other consumer-centric offerings (Figure 8). While 66% of organizations place a high or extreme priority on redesigning and expanding digital capabilities and physical facilities, only 11% are best-in-class—a gap of more than 55%. Similar gaps between priorities and capabilities persist in implementing innovative care models (55%), partnering with outside organizations to redesign care delivery (34%), and developing consumer-focused pricing strategies (39%).

Figure 7. Video/Phone Visits, Virtual Waiting Rooms Take Off

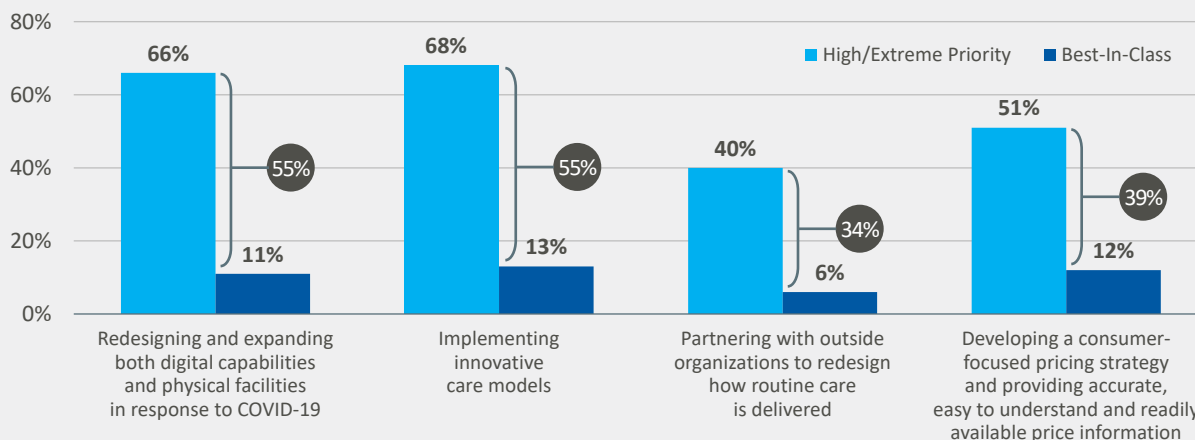


Overall, respondents report the highest capabilities in implementing innovative care models, with 13% best-in-class. Respondents report the lowest capabilities (6%) in partnering with outside organizations to redesign routine care delivery, though 40% consider that a high priority.

Figure 8. Organizations Consider Consumer-Centric Initiatives High Priority, Yet Lack Supporting Capabilities

Question: What level of priority does your organization place on the following activities?

Question: Describe your organization’s progress in developing capabilities for the following activities.



From COVID-19 to Chronic Conditions: The Hospital-at-Home Model Takes Off

In the fall of 2020, South Dakota was a worldwide epicenter of the COVID-19 pandemic. But while hospitalizations surged statewide—peaking at nearly 600 hospitalized patients a day in November 2020—Avera Health was able to use a hospital-at-home model to treat most COVID-19 patients without ever admitting them to a hospital. Patients infected with COVID-19 were equipped with pulse oximeters, oxygen machines, and other monitoring equipment, and received regular visits from clinicians, Avera’s Clark says.

At the peak of the pandemic, Avera Health was treating approximately 1,400 home-based patients daily. Less than 10% of patients in the program ever needed to visit a hospital, and less than 5% needed to be hospitalized, Clark says.

“Patients and their families loved it,” Clark says.

The system plans to build off the successful experience, and is now piloting a program in Sioux Falls to care for approximately 15-20 conditions from home, including congestive heart failure, chronic obstructive pulmonary disease, and diabetes.

Delivery System Redesign: Innovation Slows, But ‘Collabitors’ Emerge

KEY TAKEAWAY:

Redesign the Delivery System

Hospitals and health systems must reshape their routine care services for consumers seeking *the right care at the right place and the right price.*

After a busy year, organizations are taking stock and dipping their toes in the waters of further changes to their overall delivery of care. Only 48% of respondents are aiming to be slightly or well ahead of the competition on offering alternative consumer-centric routine care—whether by building it themselves or partnering with another organization (Figure 9). And only 41% of respondents have implemented new care models at any degree of integration.

Many of the executives interviewed for this report indicated they are in the early stages of exploring partnerships or joint ventures with health plans, new healthcare entrants, or retailers—which can help organizations offer new services they may not be able to currently provide on their own.

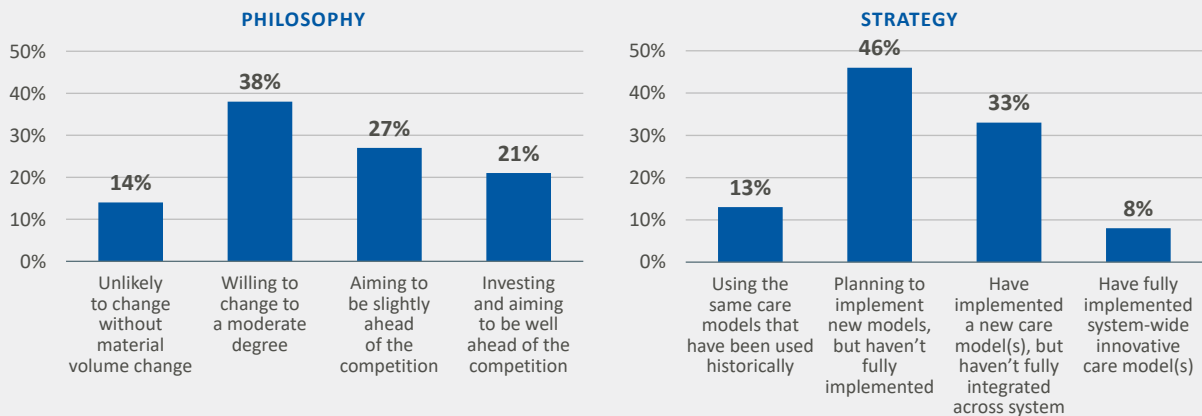
“We have to think very differently about ambulatory access. We need to be much more focused on partnerships and a broader approach.”

ANONYMOUS HEALTH SYSTEM LEADER

Figure 9. A Measured Approach to Consumer-Friendly Routine Care

Question: Which best characterizes your organization’s **philosophy** on building or partnering to offer alternative consumer-friendly routine care (e.g. Primary Care, Imaging, Outpatient Surgery) models?

Question: Which best describes your organization’s **strategy** as it relates to building or partnering to offer innovative consumer-centric routine care?

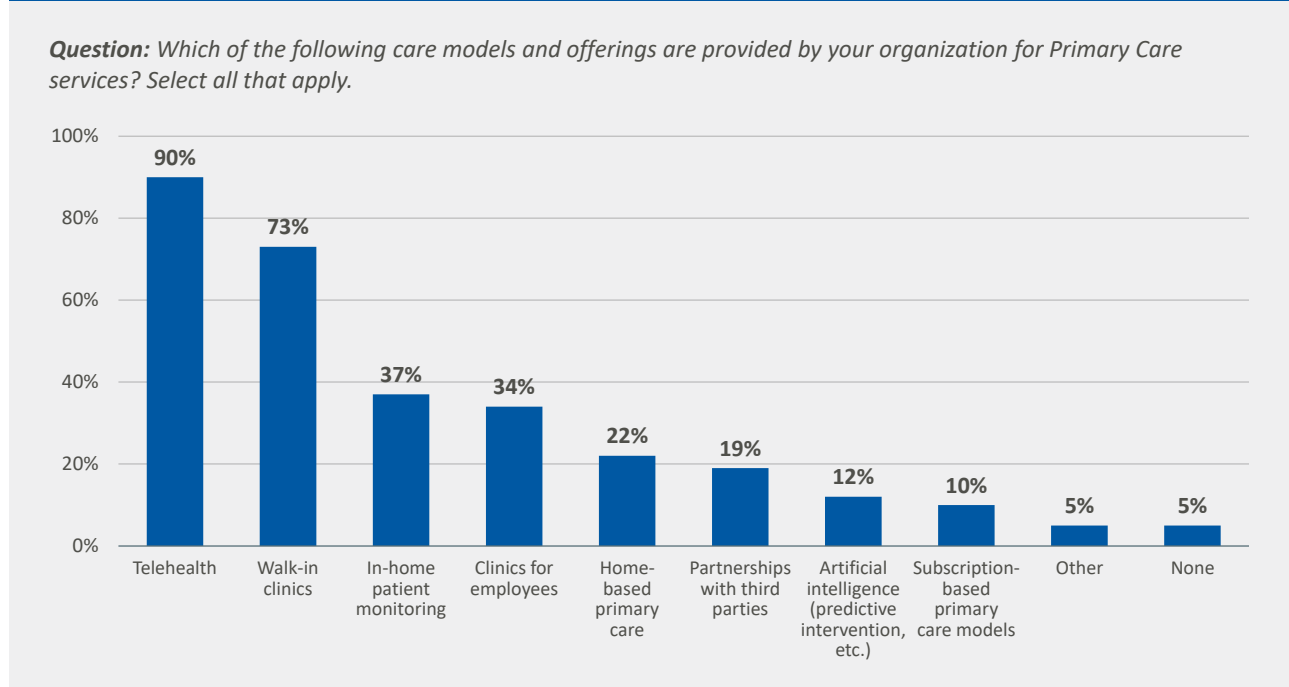


“I like to call it ‘collaborators,’ or a blend of competitor and collaborator,” Hartford HealthCare’s Whitehead says. “In the era of integrated healthcare delivery networks, we’re recognizing the opportunity to meet in the middle and identify ways to improve access to care, whether it’s with payers or retailers.”

WHAT HEALTHCARE EXECUTIVES ARE SAYING ABOUT:
COVID-19 IMPACT
 “Stabilization post-COVID is our current focus.”

A significant majority of hospitals and health systems offer telehealth (90%) and walk-in clinics (73%) for primary care (Figure 10). The least common primary care services are subscription-based primary care models (10%) and artificial intelligence tools (12%).

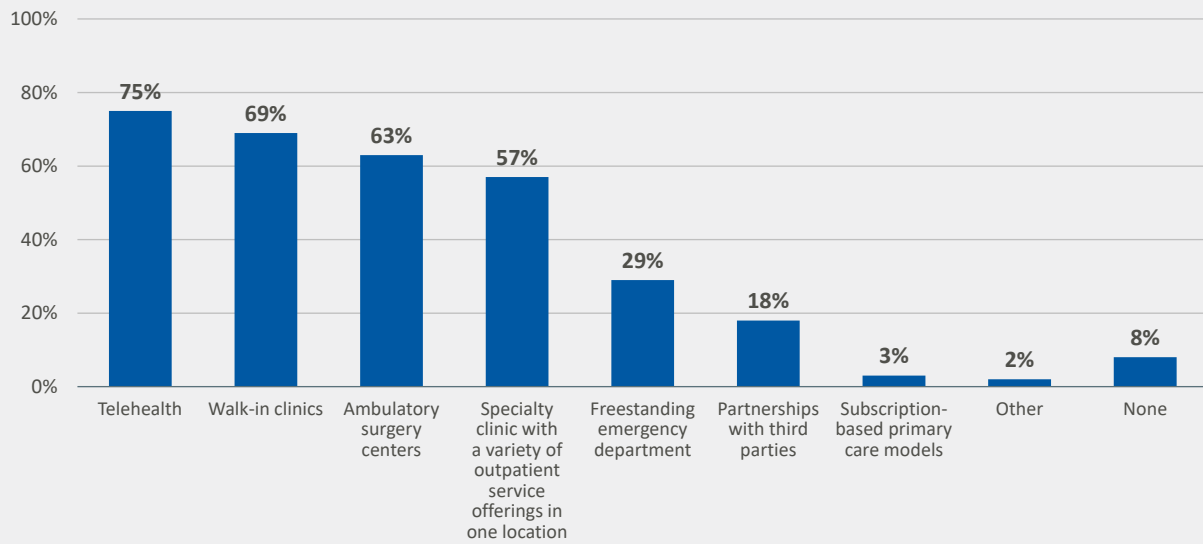
Figure 10. Outside of Telehealth and Walk-In Clinics, Organizations Offer Few Innovative Primary Care Services



Far more organizations offer innovative routine outpatient care services than primary care services (Figure 11). The most common services for routine outpatient care are telehealth (75%), walk-in clinics (69%), and ambulatory surgery centers (63%). The least common routine outpatient care services are subscription-based models (3%), partnerships with third-party organizations (18%), and freestanding emergency departments (29%).

Figure 11. A Majority Of Organizations Offer Walk-in Clinics, Telehealth, Ambulatory Centers, and Specialty Clinics For Outpatient Care

Question: Which of the following care models and offerings are provided by your organization for Routine Outpatient Care (e.g., Imaging, Outpatient Procedures) services? Select all that apply.



Pricing: Compliance and Caution Abound

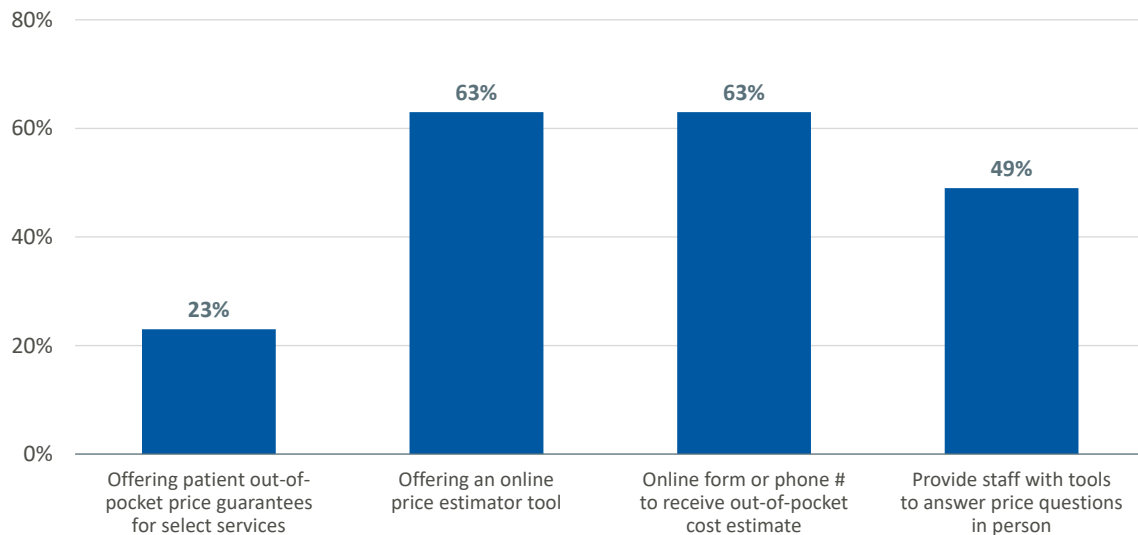
Hospitals and health systems have been required to comply with pricing transparency regulations since the start of 2021. But while organizations are taking steps to comply, respondents are more reactive than proactive to consumer pricing pressures, with a plurality expressing a willingness to change only to a moderate degree.

Though a majority of respondents do offer online price estimator tools, 37% do not (Figure 12). Less than a quarter of respondents offer out-of-pocket price guarantees. Each of the transparent pricing measures explored by the survey have increased in availability since 2019, except for providing staff with tools to answer price questions in person.

“We posted [our prices] on the very first day [the new CMS regulations went into effect],” the Carilion Clinic’s Agee says. “There has been very little use of the information aside from providers and the media. We are finding that digital tools can help people navigate payment plans.”

Figure 12. Price Estimators, Out-of-Pocket Cost Estimates Are The Most Common Transparent Pricing Tools

Question: In what ways is your organization currently providing transparent pricing? Select all that apply.



Conclusion

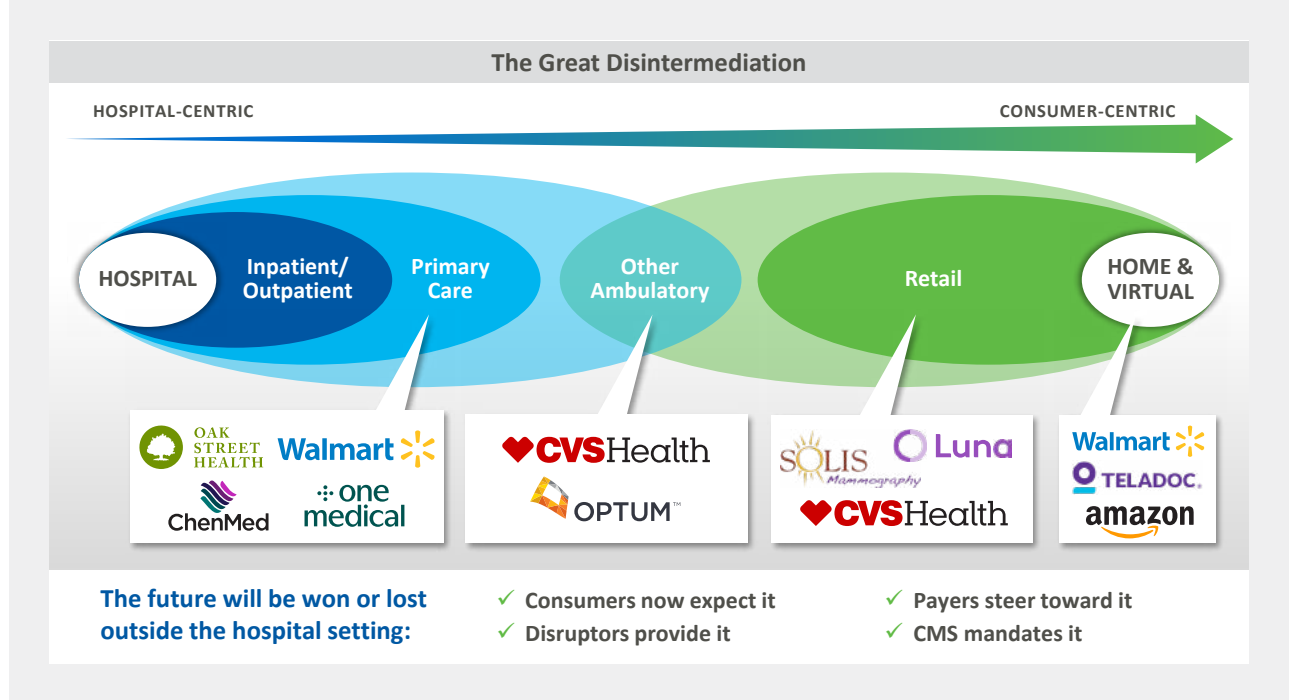
The results from this year’s survey suggest that many organizations are taking stock after one of the most transformative—and hectic—years in their entire existence as healthcare providers.

However, threats from new competitors and changes in healthcare delivery in the wake of the COVID-19 pandemic are likely to intensify further. And consumers increasingly expect to be at the center of their healthcare journey, with care options at home or at convenient retail-oriented sites.

As shown in Figure 13, delivery of care outside the hospital-centric model will continue to accelerate.

WHAT HEALTHCARE EXECUTIVES ARE SAYING ABOUT:
ORGANIZATION CHALLENGES
 “Population health is still elusive.”

Figure 13. Consumer Demand and Other Market Forces Accelerating Care Delivery Out of the Hospital Setting



Many older Americans have now had positive experiences with telehealth and other home-based services. And healthcare’s consumers of the future—tech-savvy Millennials and members of Generation Z—demand a seamless digital experience in every aspect of their lives, and are also willing to shop around for their care.

Moving forward, organizations that seek to thrive must be prepared to deliver care when, where, and how consumers want to receive it.

Through partnerships with other providers, health systems can focus on their core competencies while also accelerating their marketplace reach, with a more prudent deployment of capital.

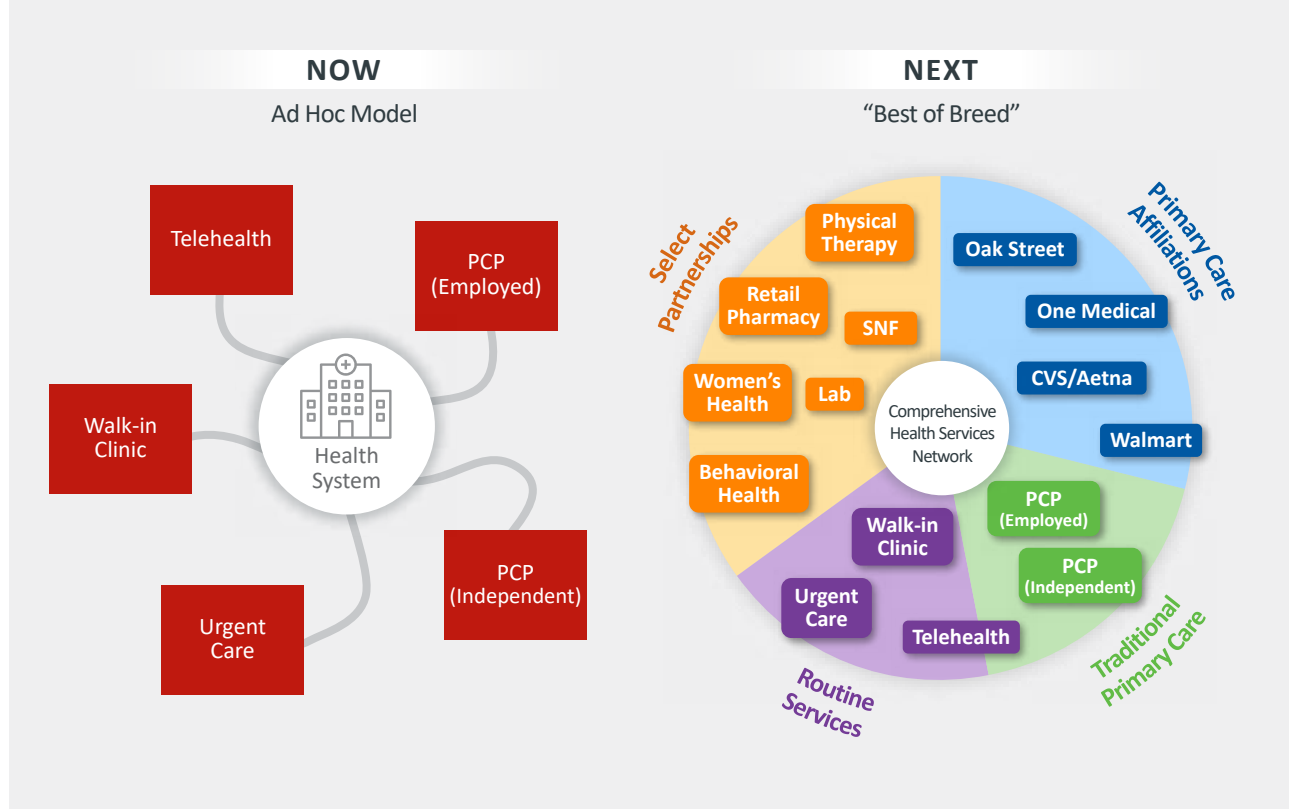
Figure 14 shows how a hospital system of the future will adapt a best-of-breed approach to primary care and other “high touch” outpatient services that specialized providers can deliver more effectively and efficiently.

While circumstances vary by market, systems will need to assess how quickly they can pivot to providing a more expansive set of access points. Organizations that have moved toward more consumer-friendly models for some time may be better positioned to make a more focused, total transformation effort to a consumer-centric model.

WHAT HEALTHCARE EXECUTIVES ARE SAYING ABOUT:
COVID-19 IMPACT

“Our ability to move forward has been significantly affected by the negative financial impact of the pandemic.”

Figure 14. Pivoting to a Best of Breed Approach



Pivoting to a Best of Breed Approach

The following Good/Better/Best Framework provides the starting point for a customer-centric journey:

Good: Reposition outpatient shoppable services for growth via a market-level competitiveness assessment and a consumer-driven pricing strategy. This work helps organizations both secure their current market position while also pivoting to a growth strategy by proactively addressing customer expectations.

Better: Develop a “best of breed” model for capturing primary care referral volume and delivering select, “high touch” outpatient services. This represents a major step forward in driving both new patient acquisition and retention given that organizations are touching most consumers most of the time in non-hospital settings.

Best: Transform completely to a consumer-centric model, making the consumer the foundation of the entire enterprise. This requires C-suite leadership and board approval as it is a full-on, outside-in approach to remaking the health system.

About the Report

This report is based on the 2021 Kaufman Hall Healthcare Consumerism Survey and the Kaufman Hall Healthcare Consumerism Index. More than 110 executives from nearly 95 organizations responded to this year's survey, representing community hospitals, health systems, pediatric hospitals, academic medical centers, rehabilitation hospitals, and rural providers.

Respondents representing organizations that operate in multiple states comprised nearly 10% of all respondents. The majority of respondents were C-suite executives, directors/managers, or senior vice presidents/vice presidents.

Respondents answer questions designed to gauge strategic focus and intent toward being a consumer-centric organization, as well as the resources and capabilities that aid in achieving a consumer-centric organizational core.

Ratings for individual organizations are not publicly available. Survey respondents can receive results for their organization upon request. Contact consumer@kaufmanhall.com for more information.

Participating Organizations

Kaufman Hall would like to thank all those who participated in the 2021 Healthcare Consumerism Survey. Among those organizations participating were:

Adirondack Health	Fort HealthCare	Ohio State University
Advocate Aurora Health	Franciscan Health	Wexner Medical Center
Akron Children's Hospital	Geisinger	Orlando Health
Alpine Surgical	Grey Bruce Health Services	Parkview Health
Altru Health System	Gundersen Health System	Peterson Health
AMITA Health	Hartford HealthCare	Phoenix Childrens Health System
Appalachian Regional Healthcare	Hendry Regional Medical Center	Providence
Ascension Health	Henry Ford Health System	Rady Children's Hospital San Diego
Atlantic Health System	Heritage Valley Health System	Reid Health
AtlantiCare	HonorHealth	Renown Health
Augusta Health	Iberia Medical Center Health System	Riverside Health System
Avera Health	Indiana University Health	Rush Health
Banner Health	Inspira Health	Rutland Regional Medical Center
Baptist Health	Jefferson Health	Self Regional Healthcare
Baton Rouge General Medical Center Health System	Kaiser Permanente	Sharp HealthCare
BayCare Health System	Lake Regional Health System	Sisters of Charity Health System
Bon Secours Mercy Health	Lee Health	Southern Illinois Healthcare
Capital Health	Lincoln Health	Southwestern Vermont Health Care
Carilion Clinic	Madonna Rehabilitation Hospital System	Sparrow Health System
Catholic Health	Magnolia Regional Health Center	Speare Memorial Hospital
Centra Health	Mass General Brigham	Stanford Children's Health
CentraCare	Memorial Hospital of Sweetwater County	Terrebonne General Health System
Centura Health	Meritus Health	TMC HealthCare
CHRISTUS Health	Mon Health	UCI Health
Cleveland Clinic Health System	Montage Health	UCLA Health
Community Hospital Corporation	Nebraska Medicine	UMC Health System
Cookeville Regional Medical Center System	North Bend Medical Center	University Hospitals
Deaconess Health System	North Kansas City Hospital	University of Rochester Medical Center
Desoto Memorial Hospital	North Memorial Health	University of Vermont Health Network
Edward-Elmhurst Health	NorthBay Healthcare	University Surgical Associates
FirstHealth of the Carolinas	Norton Healthcare	Valley Health
		Van Wert Health
		Winona Health

Report Authors

Paul Crnkovich, Managing Director (pcrnkovich@kaufmanhall.com)

Dan Clarin, Managing Director (dclarin@kaufmanhall.com)

Rebecca Duffin, Assistant Vice President (rduffin@kaufmanhall.com)

Claire Galligan, Associate (cgalligan@kaufmanhall.com)

For more information, please contact consumer@kaufmanhall.com.